STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
CORDELL HULL BUILDING, 5th FLOOR
425 5TH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

Announcement of Funding
6/12/08

Introduction

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) is pleased to announce the availability of new funding to expand crisis stabilization unit (CSU) capacity with walk-in triage capability for adults (18 years and older) in the East and West Tennessee regions. We intend to secure three (3) contracts to establish CSUs in or near Jackson, Johnson City and Knoxville, Tennessee. The pro forma scope of services to establish these CSUs, as well as to operate these CSUs after they are established, is attached. These one time non-recurring funds can be utilized for leasing, renovating/expanding existing facilities and certain start-up crisis service costs, all subject to prior approval by TDMHDD. The establishment funds must be spent by November 15, 2008 for West Tennessee; December 1, 2008 for East Tennessee, and are subject to recall. Crisis Stabilization Units must be operational by November 15, 2008 for West Tennessee; December 1, 2008 for East Tennessee. (*The dates are subject to change and will be in direct correlation to the start up of the integrated TennCare Managed Care Organizations in East and West Tennessee.)*

Requests must be received by the TDMHDD no later than 2 p.m. CDT Friday, August 15, 2008. Late proposals will not be considered. Any agency interested in proposing to establish one or more CSUs are requested to submit a letter of intent for communication regarding this Announcement of Funding by July 7, 2008. TDMHDD will schedule a pre-proposal conference call/meeting June 23, 2008 at 1 p.m. CDT. (Proposers will receive meeting announcement, including location and telephone conference call information.)

Applicants may apply for these funds immediately by sending proposals to:

Trish Wilson, Director of Clinical Services
Tennessee Department of Mental Health and Developmental Disabilities
Division of Managed Care
Cordell Hull Building, 5th Floor
425 5th Avenue, North
Nashville, TN 37243

If you need further information regarding the application process, please contact Trish Wilson at 615-532-9156 or trish.wilson@state.tn.us .

Proposal Requirements

Each applicant must submit five (5) hard copies and one (1) electronic copy of their proposal. (If applying for multiple locations, each requires separate submissions for each location.) The electronic copy may be submitted either on CD or disk. All copies *must* be received by 2 p.m. CDT on August 15, 2008, to be considered. Applicants must address the Evaluation Criteria contained in this Announcement of Funding.
Applications must be written in English, typed double spaced on one side of standard 8 ½" x 11" paper. Pages must be typed in 11-point or larger font, have at least one-inch margins and be sequentially numbered including any attachments.

Evaluation Criteria

TDMHDD will consider qualifications, experience, and approach in the evaluation of applications. Three (3) or more TDMHDD staff will score each application independently against the evaluation criteria rather than against other applications. Maximum points an application can receive is 187. A minimum of 159 points must be obtained for the application to be considered for the awarding of funds. Top candidates may be requested to participate in an oral interview process.

Please respond to each of the following items in a clear and concise manner:

1. Describe your type of business, including the licenses and accreditations that it currently maintains. Also, provide the name of the business, contact person for this application, the address, telephone number, facsimile number, and email address of the contact person. (2 points)

2. Detail your proposed plans for the leasing of property, requested expansion, and/or rehabilitation of property to establish a crisis stabilization unit, including proposed location(s), time frame for completion, and budget with explanation of line items. (10 points)

3. Detail your proposed plans for the provision of a Crisis Stabilization Unit to include: walk-in triage capabilities, medication evaluation and management, and transportation. Proposed location(s), time frame for completion, and budget with explanation of line items shall also be included. (15 points)

4. Provide documentation of the community support from behavioral health providers, law enforcement, emergency services and other referral sources for the area for which your organization is proposing to establish a crisis stabilization unit. Additionally, include any financial and in-kind support your organization and/or community will provide to support the operation of the CSU. The counties of service for each CSU to be established are:

   Jackson – Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Humphreys, Lake, Lauderdale, Madison, McNairy, Obion, Stewart, Weakley (10-15 bed capacity unit)

Knoxville – Anderson, Blount, Campbell, Claiborne, Grainger, Jefferson, Knox, Loudon, Monroe, Morgan, Union, Roane, Sevier, Scott (10-15 bed capacity unit)

Johnson City – Carter, Cocke, Green, Hancock, Hamblen, Hawkins, Johnson, Unicoi, Washington, Sullivan (This should be a 15 bed capacity unit). (10 points)

5. Describe your organization's plan to develop and maintain community relationships including, but not limited to, providing services in the community, ongoing dissemination of information, ongoing training regarding scopes of services, including admission criteria and receiving referrals from behavioral health providers, law enforcement, emergency services, substance abuse providers, families, advocates, and other referral sources. Also include plan to coordinate services with local crisis service providers and local Regional Mental Health Institutes. (5 points)

6. Explain your proposed staffing plan, including staff qualifications, resumes for identified personnel, and job descriptions, based on the number of beds and anticipated occupancy of the crisis stabilization unit. (3 points)

7. Describe your organization's plan for training the crisis stabilization unit staff and provide curriculum that will be utilized (if available). (3 points)

8. Provide your organization's admission and continuation of stay criteria for the proposed crisis stabilization unit, including assessment tools and information that will be utilized to determine if admission and continuation of services is appropriate. (5 points)

9. Describe how your crisis stabilization unit will operate a reception center and/or affiliate with a walk-in center that will assess individuals directly from the community for admission to the unit or refer to other services as appropriate. (10 points)

10. Explain the therapeutic components of the crisis stabilization unit and provide therapeutic modules that will be utilized with individuals who are admitted to the unit. (10 points)

11. Explain how and to what extent the crisis stabilization unit will render illness management & recovery and the use of certified peer specialists. (5 points)

12. Describe how the crisis stabilization unit will render quality medication evaluation/management 24 hours/7 days per week, including the education of individuals on the proper use of medications. (5 points)

13. Explain how and to what extent your crisis stabilization unit will address the needs of individuals with dual diagnoses (mental illness/mental retardation) and co-occurring disorders (mental illness/substance abuse), including those in need of detoxification and service referrals. **CSUs must have the capability for social detoxification (a CSU and A&D license would be required) or formulate an agreement with another provider for direct and immediate referrals.** Provide your agency's plan for accessing emergency and long term drug and alcohol treatment. Additionally, include any services your agency provides for these special populations and/or any contracts and agreements your agency currently has or will develop with other organizations to render services. (10 points)

14. Identify and explain how the proposed crisis stabilization unit will render services within a continuum of care. This shall include inpatient, residential, crisis respite and outpatient services prior to admission and upon discharge. These efforts should address medical, mental health and substance abuse issues and include the referral process for these services, identify potential barriers for accessing services and strategies for overcoming these barriers. (10 points)

15. Explain how your organization will address individuals who wish to leave against medical advice when they may meet the criteria for emergency psychiatric services. (5 points)

16. Describe how the crisis stabilization unit will address visitation and how your organization will strengthen the individuals' support systems while in the unit. (5 points)

17. Provide your organization's safety procedures and security measures that will be utilized for the proposed crisis stabilization unit, including the safety of individuals, staff, and the community. (10 points)

18. Explain your organization's plan for ensuring safe and timely transportation for emergency and non-emergency needs of individuals to and from the facility. (10 points)

19. Explain how care will be individualized and how services will be rendered in a culturally competent manner, including services for individuals with limited English proficiency and deaf or hard of hearing. (5 points)

20. Explain how your organization will address the needs of individuals who frequently use crisis services or have difficult or multi-system issues requiring consultation and coordination with community partners/providers, including but not limited to A&D use and abuse services. (5 points)

21. Explain your organization's plan for coordination of care with outpatient providers upon admission and discharge including, but not limited to, appropriate referral for continued treatment, medication management, A&D or co-occurring services, therapeutic housing. Coordination should extend to include follow-up to increase the success of recommended consumer services. (5 points)

22. Explain the internal quality monitoring and improvement activities to be utilized by the crisis stabilization unit, including how outcomes will be measured to determine the effectiveness of the unit. (Incentive opportunities may be made available as determined in conjunction with providers and TDMHDD.) (5 points)

23. Explain how your record keeping practices for the proposed crisis stabilization unit will comply with state and federal requirements, including but not limited to HIPAA and Title 33. (2 points)

24. Explain how your organization will assure compliance with state licensure rules including but not limited to, seclusion/isolation and restraint practices, as well as, licensure requirements for your service array (CSU, A&D/co-occurring, social detox, etc.). (2 points)

25. Explain any contracts, agreements, ownership or administrative interest/authority either directly or indirectly your organization has with inpatient psychiatric facilities and how conflicts of interest will be prevented. Also indicate if your agency has current responsibility as a crisis service provider. (5 points)

26. Explain your organization's budget for rendering crisis stabilization services after the unit has been established and start up funds have been exhausted. Please include in your explanation how the crisis stabilization unit will submit claims and reconcile payment from multiple sources (e.g. TDMHDD, managed care companies, private insurance agencies). (10 points)

Below are three examples of individuals that could present to the CSU facility. Please describe your course of action for each of the following cases:

27. Scenario #1:
    CW is a seventy-one (71) year old white male who presents with his adult daughter because of a dispute with his neighbors. He reports his neighbors were trying to steal his car, but the neighbors relate they were getting into their own car. The neighbors reported concern for CW, but did not feel threatened. He has no history of violence. He reports a twenty (20) pound weight loss over the past six (6) months and he uses a cane to walk due to complaints of severe back pain. He has been to a medical doctor in the past year and is on no medication for the back pain. He has periods of memory loss, confusion, crying spells and angry outbursts. He reports no prior psychiatric or substance abuse history. What would be the best course of intervention, treatment, and/or referral(s) for CW? (5 points)

28. Scenario #2:
    PM is a thirty-six (36) year old African American female who presents with law enforcement after being detained for the third time this month at a middle school for becoming loud and demanding to see her two (2) children, who do not attend that school. She reports she was there to pick up her children. Her custody rights were terminated for her children two (2) years ago and they are living in another state with their father. She is homeless, has no job and reports no family support. She wanders the streets and sometimes stays at a mission or shelter. She complains of being pregnant often, but her babies are "always stolen". She also reports she has worms in her body and tumors in her brain. She has had three (3) previous inpatient stays in the past five (5) months. She has a case manager at the local community mental health center and is non-compliant with psychiatric medication. What would be the best course of intervention, treatment, and/or referral(s) for PM? (5 points)

29. Scenario #3:
    JR is a forty-eight (48) year old Hispanic male with limited English proficiency. He presents with his wife, his brother, his father and one of his four children, a thirteen (13) year old daughter is the only family member present who is fairly fluent in English. He was reportedly found today by his father sitting outside his home with a gun that was not loaded. He has been arrested twice for driving under the influence of alcohol in the past eight (8) months. He smells of alcohol and is physically unsteady. He reportedly lost his job today and the family has no other source of income. He has a history of employment problems. He has been court ordered to attend alcohol and drug treatment, but to date has only attended a few AA meetings. No history of any mental health services is reported. What is the best course of intervention, treatment, and/or referral(s) for JR? (5 points)

Attachment XX
(To Establish the CSUs)

A. SCOPE OF SERVICES:

Crisis Stabilization Unit

A.1. This Agreement is entered into by and between the Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as "TDMHDD" and *TBD,* hereinafter referred to as "the Grantee".

A.2. Service Definition:

The Grantee shall establish a crisis stabilization unit, become licensed to operate, and provide staff and resources to assist the State in fulfilling its mission to implement and maintain crisis stabilization unit services with walk-in-triage capabilities for service recipients.

a. A Crisis Stabilization Unit is defined as a non-hospital, facility-based service rendering short-term stabilization services, accessed to prevent further increase in symptoms of a behavioral health illness and/or to prevent acute hospitalization. CSUs per this contract will be expected to provide services such as individual counseling, medication management, stress management, transportation, etc

b. A behavioral health crisis is any behavioral health issue perceived to be a crisis by the individual, family, crisis services, or others who closely observe the individual.

c. A **behavioral health emergency** is defined as an acute onset of a behavioral health condition that manifests itself by an immediate substantial likelihood of serious harm. This includes service recipients who threaten or attempt suicide or serious bodily harm or are unable to avoid severe impairment or injury from specific risks.

d. An **urgent condition** is the acute onset of a psychiatric condition, not constituting an immediate substantial likelihood of harm to self or others, but if left untreated it may deteriorate into a behavioral health emergency or cause the individual undue anxiety.

A.3. Service Recipients:

This service is for any adult (18 and older) experiencing a behavioral health crisis, an urgent condition, or a psychiatric emergency, as defined above.

A.4. Service Goal(s):

To insure that service recipients in Tennessee who access the crisis service delivery system have a continuum of care available to meet their clinical needs in the least restrictive and most appropriate setting to alleviate their symptoms. The service objective is to stabilize the service recipient and strengthen or develop his/her support system and coping skills while allowing the individual to remain in the community during and after the crisis period. The CSU is to assist the service recipient in achieving or improving his/her prior functioning level following a crisis situation.

A.5. Structure:

a. Grantee must establish and maintain a licensed crisis stabilization unit with walk-in-triage capabilities for individuals who present in behavioral health crisis as outlined in the application for funding proposal submitted by the Grantee, and any subsequent revisions as approved by the State, which is incorporated into this Grant Contract by reference.

The crisis stabilization unit(s) identified for funding through this Grant Contract and the number of beds per unit:

- *TBD*

b. Funds derived from this Grant Contract can be used for expenses related to the establishment of a crisis stabilization unit(s) through leasing, approved renovation/expanding existing facilities and certain start-up crisis service costs all subject to prior approval by TDMHDD.

c. Grantee shall ensure that the location of the crisis stabilization unit(s) is safe and accessible to behavioral health providers, emergency service providers, law enforcement, and service recipients.

Attachment XX
(To Operate the CSUs)

A. SCOPE OF SERVICES:

A.1. **This Agreement is entered into by and between the Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as "TDMHDD" and *TBD*, hereinafter referred to as "the Grantee".**

Crisis Stabilization Unit - By entering into this Grant Contract the Grantee shall provide the services named and defined, and adhere to the eligibility requirements as stated in the provision of those services and goals as listed in Sections A.2., through A.10.

A.2. **Service Definitions:**

a. The Grantee shall continue to maintain a Crisis Stabilization Unit with walk-in-triage capabilities for any individuals in need of the services who are not currently TennCare recipients.

b. "Behavioral health crisis" can be either an emergency or urgent in nature. A behavioral health crisis is any behavioral health issue perceived to be a crisis by the individual, family, crisis service provider, or others who closely observe the individual.

c. "Behavioral health emergency" is an acute onset of a behavioral health condition that manifests itself by an immediate substantial likelihood of serious harm. This includes service recipients who threaten or attempt suicide or serious bodily harm or are unable to avoid severe impairment or injury from specific risks.

d. "Urgent condition" is the acute onset of a behavioral health condition not constituting an immediate substantial likelihood of harm to self or others, but if left untreated, may deteriorate into a behavioral health emergency or cause the individual undue anxiety.

e. "Crisis Stabilization Unit" is a non-hospital facility-based service that offers twenty-four (24) hour intensive, short-term stabilization (up to seventy-two (72) hours) behavioral health treatment for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. If necessary, in order to assure that adequate arrangements are in place to allow for the safe discharge of the service recipient, the length of stay may be extended by up to 24 hours.

A.3. **Individuals Served:**

Medically stable adults, ages eighteen (18) and older, who present in a behavioral health crisis situation (who in addition may need social detoxification) and are at risk of psychiatric hospitalization and/or have been assessed as needing a level of care greater than crisis respite services or less restrictive levels of care are not available and are agreeable to receive services voluntarily.

The Knoxville location will serve individuals in the following counties: Anderson, Blount, Campbell, Claiborne, Grainger, Jefferson, Knox, Loudon, Monroe, Morgan, Obion, Roane, Sevier and Scott.

The Johnson City location will serve individuals in the following counties: Carter, Cocke, Green, Hancock, Hamblen, Hawkins, Johnson, Unicoi, Washington and Sullivan.

The Jackson location will serve individuals in the following counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Humphreys, Lake, Lauderdale, Madison, McNairy, Obion, Stewart and Weakley.

A.4. **Service Goals:**

a. To stabilize the individual and strengthen or develop his/her support system and coping skills while allowing the individual to remain in the community during and after the crisis period.

b. To assist the individual in achieving and/or improving his/her prior functioning level following a crisis situation.

c. To insure that individuals in Tennessee who access the crisis service delivery system have a continuum of crisis services available to meet their clinical needs in the least restrictive and most appropriate setting to alleviate or stabilize their symptoms.

d. To divert individuals, when clinically appropriate, from psychiatric inpatient hospitalization and inappropriate incarcerations stemming from their behavioral health conditions.

A.5. **Structure:**

a. Crisis Stabilization Unit with walk-in-triage capabilities shall be provided on a twenty-four (24) hour, seven (7) day per week basis for adults, ages eighteen (18) and older, in a behavioral health crisis situation that are at risk or without crisis stabilization services may become at risk for potential psychiatric hospitalization.

b. Services may be provided that are not fully funded by TennCare, the Behavioral Health Organizations (BHOs), or the Managed Care Organizations (MCOs).

c. The Crisis Stabilization Unit shall consist of 10-15 beds (15 beds in Johnson City) in a space with semi-private rooms, a dayroom, a reception area, private offices, kitchen facilities, and bathroom facilities appropriate for the number of beds and for serving both male and female service recipients. The space occupied by the CSU shall meet all applicable codes and licensure requirements.

d. The Crisis Stabilization Unit shall be adequately staffed to meet the needs of the population served as required by licensure standards.

e. **The Grantee must identify and provide a process to monitor complaints, improve service quality, and monitor individual specific and unit outcomes.**

f. **The Grantee must submit in a format prescribed by the State, a monthly progress report to TDMHDD by the 15th of the month for the preceding month. The report shall include, but not be limited to:**

i. Total number of admissions by referral source
ii. Average time for each admission
iii. Total number of admissions per age category (18-21 years old and over 21 years old)
iv.. Total number of admissions per payor source
v. Total number of transportation services rendered per county
vi. Discharge disposition of individuals admitted
vii Average daily census
viii. Length of stay for admissions
ix. Number of persons sent directly from the CSU to an inpatient psychiatric hospital/hospital unit
x. Number of persons receiving social detoxification services and
xi. Total number of referrals for A&D services

g. **The following reports must be submitted to TDMHDD by the 15th of the month for the preceding quarter:**

(1) Outcomes of the individual satisfaction survey
(2) Specific community outreach/education efforts and
(3) Recidivism reports of anyone admitted to the CSU more than once per quarter including steps taken to meet the individual's needs and maintain the individual in the community.

The following report must be submitted to TDMHDD as prescribed below:

(1). Any adverse occurrences must be reported to TDMHDD within five (5) calendar days from the date of the adverse occurrence.

A.6. **Process:**

a. Grantee must establish and maintain the Crisis Stabilization Unit with walk-in-triage capabilities, as defined by TDMHDD in A.5 and any subsequent revisions as approved by the State, for individuals who present in behavioral health crisis. The Crisis Stabilization Units identified for funding through this Grant Contract are at a minimum to include: 24/7 walk-in-triage capabilities, behavioral health assessment, psychiatric consultation, 24/7 medication evaluation/management, group therapy, illness management and recovery, stress management and coping skills, 24/7 transportation, individual therapy, including services for social detoxification and or/co-occurring issues as needed and referral for treatment as appropriate. All discharge services should include substance abuse services as needed and community linkage and/or support services.

b. Continuity of care with existing or referred providers must occur including continuity of care on plan of care, crisis/wellness plan, or treatment plan and medication management. The Grantee must have at least one TDMHDD Certified Peer Support Specialist on staff.

c. The Crisis Stabilization Unit shall manage and stabilize the behavioral health illness and/or the crisis situation so that the individual may, after discharge, utilize available behavioral health services to maintain psychiatric stability and co-occurring needs to assure community tenure.

d. These services shall be customized to the individualized needs of this high need/high risk population, specifically addressing individual needs in a manner that reduces or eliminates the behavioral health crisis situation and/or the precipitating factors.

e. Information about services offered, the population to be served, referral mechanisms, and admission criteria shall be provided to other local behavioral health providers, crisis services provider, inpatient psychiatric hospitals, other emergency services agencies, law enforcement, behavioral health service recipients, families, and advocates.

f. Grantee shall ensure that Crisis Stabilization Unit is accessible and available for all individuals, ages eighteen (18) and older, who are physically present in the Grantee's catchment area and who are not TennCare recipients at the time the service is conducted.

A.7. **OUTCOME – Access:**

a. Other local behavioral health providers, emergency services agencies, and law enforcement are informed about the services offered at least quarterly including, but not limited to, the population to be served, referral mechanisms, treatment components and admission criteria. Outreach efforts to the entities specified above must be reported to TDMHDD in the Community Outreach and Education Quarterly Reports (section A.7.j).

b. Behavioral health service recipients, families, and advocates are informed about the services offered at least quarterly, including, but not limited to, the population to be served, referral mechanisms, treatment components and admission criteria. Outreach efforts to the entities specified above must be reported to TDMHDD in the Community Outreach and Education Quarterly Reports (section A.7.j).

c. Referrals are accepted from other local behavioral health providers, crisis services providers, other emergency services agencies, law enforcement, and other community providers.

d. Crisis Stabilization Unit services shall be available to any adult, age eighteen (18) and older, in need of these services, particularly service recipients who are seriously and persistently mentally ill.

A.8. **OUTCOME – Effectiveness:**

a. The number of service recipients transferred to inpatient psychiatric hospitalization will not exceed five percent (5%) of admissions.

b. The percentage of service recipients reporting that the services of the Crisis Stabilization Unit were satisfactory will exceed eighty percent (80%).